A Tradition of Stewardship
A Commitment to Service

ACCESSIBILTY UPGRADE WORKSHEET

Worksheet for Accessibility Upgrade Requirements for Existing Non-Residential Buildings

Job Address: _____ Permit #: _____ Occupancy Group: ___

Project Name:Permit Valuation: _____

Owner: _____ Applicant: _____

1. Total Cost of Construction: $_____

   a. Ground floor: $_____ b. Basement: $_____ c. Other floors ( ): $_____

The Total Cost of Construction is the permit valuation minus the cost of access features, demolition, unattached fixtures and cases, and cosmetic and finish work that normally would not require a building permit.

2. Total cost of construction within the previous three years (see attached Declaration of Past Alterations, Remodels or Additions form): $_____

3. Total Cost (add costs in 1 and 2 above): $_____

4. Current Valuation Threshold: $ **150,244.00** (January 2016)

5. When the Total Cost (Item 3 above) exceeds the Current Valuation Threshold (Item 4 above) and the alteration occurs on the accessible floor (ground floor or any floor that is accessible by a complying elevator), go to Item 8 below.
6. When the Total Cost exceeds the Current Valuation Threshold (Item 4 above) and the alteration occurs on the floor above or below the ground floor of a non-elevator building, skip to Item 9 below. (A Determination of Unreasonable Hardship must be approved by the Chief Building Official)
7. When the Total Cost (Item 3 above) does not exceed the Current Valuation Threshold (Item 4 above) for the ground floor and / or non-accessible floor alterations go to Item 9 below.
8. ☐ I understand that the existing primary entrance, path-of-travel and at least one set of complying restrooms, public phones, and drinking fountains (if any) must be brought up to full compliance. (If the cost of providing restrooms drinking fountains and telephones, and the primary path of travel exceeds 20% of the cost of the actual project without these features, the owner may apply for a Determination of Unreasonable Hardship. If approved the 20% becomes the minimum obligation. The CBO will determine how much over the 20% constitutes a hardship upon reviewing the particular circumstances involved).
9. ☐ I understand that only 20 percent of the Total Cost of Construction (Item 3 above) must be spent on upgrading the primary entrance, path-of-travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (Go to the Cost Table.)
10. ☐ This building and site are fully accessible. If inspection by the Building Division reveals non-compliance with current accessibility requirements I will revise this worksheet and the plans and modify the scope of work so that the building and site are in full compliance.

Total Cost (Item 3 above): $ _____ x .20_____ = **Obligation:** $ _____

I agree to comply. Signature: _____ Date: _____

Approval: Signature: _____ Date: _____

Access Compliance for Existing Buildings

Declaration of Past Alterations, Remodels, or Additions

Date of Application: _____

Address: _____

Permit No. _____Cost of Alteration: $ _____

This form is to be used when:

A. The cost of alteration, remodel, or addition without the cost of access features does not exceed the current valuation threshold.

B. Alteration, remodel, or addition is made to the areas above or below the ground floor of a previously exempted non-elevatored building of the following types:

1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.
2. Offices of physicians and surgeons.
3. Shopping centers.
4. Other buildings and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public is available on the accessible level.

I, _____ , owner or lessee of the project space at the above-mentioned address, ☐ have / ☐ have not performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application.

If "have" is checked, state below the date(s) and the cost(s) of the previous alteration(s):

Date: _____ Cost: $_____

_____ $_____

_____ _____

Signature of owner or lessee Date

_____ _____

Mailing Address Telephone

COST TABLE

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount from line 9 above. If an item causes the total amount to exceed the amount from line 9 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 9 above. The cost table shall be reviewed and approved by Building Division staff.

Plan Sheet Page	PRIMARY ENTRANCE TO REMODELED AREA	COSTS
	DOOR	
	A. Change of door	
	B. Threshold	
	C. Hardware	
	D. Kick plate	
	E. Strike-side clearance	
	F. Other	
	SIGNS AND IDENTIFICATION	
	G. Sign at building entrance	
	H. Sign in building lobby	
	I. Other	
	Subtotal:	$
Plan Sheet Page	**PATH OF TRAVEL TO REMODELED AREA**	
	CHANGE OF ELEVATION(S)	
	A. Ramps	
	B. Lifts	
	C. Elevators	
	D. Other	
	DOORS	
	E. Change of door	
	F. Threshold	
	G. Hardware	
	H. Kick plate	
	I. Strike-side clearance	
	J. Signs and identification (braille)	
	K. Other	
	Subtotal:	$

Plan Sheet Page	RESTROOMS SERVING REMODELED AREA	COSTS
	A. Enlarge restroom	
	B. Enlarge door(s)	
	C. Strike side clearance	
	D. Door symbols	
	E. Signs and identification (braille)	
	F. Replacement or relocation of fixture (specify)	
	1.	
	2.	
	3.	
	G. Replacement or relocation of accessories (specify)	
	1.	
	2.	
	3.	
	H. Grab bars (bars and backing)	
	I. Other	
	Subtotal:	$
Plan Sheet Page	**PUBLIC TELEPHONES SERVING REMODELED AREA**	
	A. Mounting height	
	B. Equipment for hearing impaired	
	Subtotal:	$
Plan Sheet Page	**DRINKING FOUNTAINS SERVING REMODELED AREA**	
	A. Replace drinking fountain	
	B. Relocate existing drinking fountain	
	C. Provide alcove	
	D. Add wing walls and / or floor treatment	
	E. Other	
	Subtotal:	$
Plan Sheet Page	**PARKING, STORAGE, ALARMS SERVING REMODELED AREA**	
	A. Addition of accessible spaces	
	B. Access aisle	
	C. Space signage	
	D. Tow-away sign	
	E. Curb cut	
	Subtotal:	$

TOTAL: _____

OBLIGATION: _____
(From page 1)

BALANCE: _____

Determination of Unreasonable Hardship

An unreasonable hardship exists when the enforcing agency finds that compliance with the building standard would make the specific work of the project affected by the building standard infeasible, based on an overall evaluation of the following factors:

1. The cost of providing access.
2. The cost of construction contemplated.
3. The impact of proposed improvements on financial feasibility of the project.
4. The nature of the accessibility that would be gained or lost.
5. The nature of the use of the facility under construction and its availability to persons with disabilities. The details of any finding of unreasonable hardship shall be recorded and entered into the files of the enforcing agency.

Technically Infeasible

Technically infeasible means, with respect to an alteration of a building or a facility, that it has little likelihood of being accomplished because existing structural conditions would require removing or altering a load-bearing member which is an essential part of the structural frame; or because other existing physical or site constraints prohibit modification or addition of elements, spaces, or features which are in full and strict compliance with the minimum requirements for new construction and which are necessary to provide accessibility.